MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07867

CERTIFICATE OF DEATH

Dr Bell
Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 43 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 132 East Washington St

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 132 East Washington St

3. NAME OF DECEASED: (Type or Print) (First) PERCIE (Middle) LOUELWYN (Last) BENDER

4. DATE OF DEATH: (Month) July (Day) 25 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Sept 23 1876

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Hagerstown Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Charles Smith

14. MOTHER'S MAIDEN NAME: Emma Addlesberger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) --

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: William E. Bender

18. MEDICAL CERTIFICATION 132 E. Washington St City

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4437

Immediate cause (a) Hypertensive cardiovascular disease.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

Interval Between Onset And Death: Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-5-, 1952, to 7-25-, 1952, that I last saw the deceased alive on 7-29-, 1952, and that death occurred at 1:10P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D. ADDRESS Hagerstown, Maryland. DATE SIGNED July 26, 1952.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 7-28-52

NAME OF CEMETERY OR CREMATORY Green Hill Cemetery

LOCATION (City, town, or county) (State) Waynesboro Franklin Co Pa.

DATE REC'D BY LOCAL REGISTRAR July 28, 1952

REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 30 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07868

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 44 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Garlock Conv. Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 1012 Oak Hill ~~Garlock Conv. Home~~

3. NAME OF DECEASED: (Type or Print) (First) Christina (Middle) Anna (Last) Bischoff

4. DATE OF DEATH: (Month) July (Day) 23 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 7-6-1866
9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR: Months 0 Days 17 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired - Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Chambersburg, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Justus Heimel
14. MOTHER'S MAIDEN NAME: Anna Katherine Wagner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT & ADDRESS: Edward Heimel, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.
4201
DUE TO
Antecedent cause(s) (b)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/23, 1952 to 7/23, 1952, that I last saw the deceased alive on 7/23, 1952 and that death occurred at 9:10 P.M., from the causes and on the date stated above.

SIGNATURE Ernest F Poole MD (DEGREE OR TITLE) Physician ADDRESS Hagerstown, Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 7-26-1952
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Maryland
DATE REC'D BY LOCAL REG. July 25, 1952
REGISTRAR'S SIGNATURE Chas H Towers
24. FUNERAL DIRECTOR C. M. Suter & Sons, Hagerstown, Maryland ADDRESS

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Dr. Ernest Poole

RECEIVED
JUL 28 1952
BUREAU V. S.

07869

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY WASHINGTON MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON COUNTY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
STREET ADDRESS (If rural, give location) 2001 GREENFIELD RD.

3. NAME OF DECEASED (Type or Print) (First) MARCIA (Middle) ELLEN (Last) BLANCHARD
4. DATE OF DEATH (Month) JULY (Day) 9 (Year) 1952
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE
8. DATE OF BIRTH 7/7/52
9. AGE last birthday ✓ yrs. If under 1 year Months Days 2 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME HOMER BLANCHARD
14. MOTHER'S MAIDEN NAME GWENDOLYN SAUTTER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT AND ADDRESS DR. HOMER D. BLANCHARD ~~HAGERSTOWN~~ MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Subarachnoid Hemorrhage — Interval Between Onset and Death: Birth

760.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) None

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ~~None~~ Hemorrhage of the adrenal glands.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-7, 1952, to 7-9, 1952, that I last saw the deceased alive on 7-8, 1952, and that death occurred at 3 10 A.m., from the causes and on the date stated above.

SIGNATURE S. Maynard (Degree or title) Sullivan M.D. ADDRESS 318 N. Potomac St DATE SIGNED 7-11-52

23. BURIAL, CREMATION REMOVAL (Specify) Storage Receiving vault DATE THEREOF 7/11/52 NAME OF CEMETERY OR CREMATORY Rose Hill Cem. LOCATION (City, town, or county) Hagerstown (State) Md

DATE REC'D BY LOCAL REG. July 11, 1952 REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR W. T. Norment ADDRESS Hagerstown Md

207240537V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Dr. Sullivan

RECEIVED
JUL 14 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

07870

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (In this place): U.C.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md. COUNTY: Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 411 W. Antirtam St.,

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) R (Last) Boward
4. DATE OF DEATH: (Month) 7 (Day) 5 (Year) 52
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 6-1-1890
9. AGE last birthday: 62 yrs. If under 1 year: Months / Days. If under 24 hrs: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): service station attend.
10b. KIND OF BUSINESS OR INDUSTRY: H. L. Mills
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Charles W. Boward
14. MOTHER'S MAIDEN NAME: Irene Monegan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 214-09-6459
17. INFORMANT AND ADDRESS: William Boward Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) generalized arterio sclerosis — 5 yrs

(c) coronary occlusion — 2 hrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) Unk m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE (Degree or title) S. Robert Wells M.D. — MEDICAL ADDRESS 15 N. Potomac, Hagerstown, Md. — WASH. CO., MD. — DATE SIGNED 7.6.52

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF 7-7-52 | NAME OF CEMETERY OR CREMATORY: Rose Hill | LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REG. 7.7.1952 | REGISTRAR'S SIGNATURE Chas. Bowers

24. FUNERAL DIRECTOR ADDRESS: Fred W. Kraiss Hagerstown, Md.

RECEIVED
JUL 9 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

07871

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Hagerstown
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 22 N. Potomac St.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Maxwell (Last) Bowers
4. DATE OF DEATH: (Month) July (Day) 5 (Year) 19 52

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: April 25, 1889
9. AGE last birthday: 63 yrs. If under 1 year: Months / Days. If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): grave digger
10b. KIND OF BUSINESS OR INDUSTRY: Cemetery
11. BIRTHPLACE (State or foreign country): Hagerstown, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George W. Bowers
14. MOTHER'S MAIDEN NAME: Mary E. Iseminger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Howard Bowers, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a)	
812.4 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Fractured skull	5 mi
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: alcoholism

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: 40 Highway
(CITY OR TOWN) Hagerstown (COUNTY) Was. (STATE) Md.
TIME OF INJURY (Month) 7 (Day) 5 (Year) 52 (Hour) 4 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Struck by automobile US # 40 West

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE (Degree or title): S. Robert Wells M.D., DEPUTY MEDICAL EXAM. WASH. CO. MD.
ADDRESS: 115 N. Potomac, Hagerstown, Md.
DATE SIGNED: 7-5-52

23. BURIAL, CREMATION, REMOVAL (Specify): burial
DATE THEREOF: July 7, 1952
NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
LOCATION (City, town, or county) (State): Hagerstown, Md.

DATE REC'D BY LOCAL REG.: July 7, 1952
REGISTRAR'S SIGNATURE: Chas. H. Bowers
24. FUNERAL DIRECTOR: Scott F. Minnich & Son, Hagerstown
ADDRESS

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 9
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 301

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. 415

1. PLACE OF DEATH: COUNTY Washington; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport Md.; LENGTH OF STAY (in this place) 1 mo. 22 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Williamsport Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pa.; COUNTY Pine Township; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grove City Pa.; STREET ADDRESS (If rural, give location) Grove City R[illegible] #1

3. NAME OF DECEASED (Type or Print): (First) Ada (Middle) (Last) Brewster

4. DATE OF DEATH: (Month) July (Day) 19 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: July 31 1881

9. AGE last birthday: 70 yrs. If under 1 year: Months 11; Days 18; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Newport Canada

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frye H. Holden

14. MOTHER'S MAIDEN NAME: Ellen Dean

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 193-01-9831B

17. INFORMANT AND ADDRESS: Mrs. Marion Hardle Williamsport Md. Sanaterium

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) General Carcinoma involving

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Abdomen, liver and lungs

(c)

INTERVAL BETWEEN ONSET AND DEATH: 10 years.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1952, to July 19, 1952, that I last saw the deceased alive on July 18, 1952, and that death occurred at [illegible] p. m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) M.D. ADDRESS Williamsport Md. DATE SIGNED July 19 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF July 21 1952; NAME OF CEMETERY OR CREMATORY Akron Rural Cemetery; LOCATION (City, town, or county) Akron (State) Ohio

DATE REC'D BY LOCAL REG. July 24-52; REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR Albert L. Leaf ADDRESS Williamsport Md.

RECEIVED
JUL 22 1
BUREAU V. S.

COPY SENT TO LOCAL REGISTRAR No. CH DATE 7/22/52

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 73

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 10 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boonsboro
STREET ADDRESS (If rural give location) Potomac St.

3. NAME OF DECEASED: (Type or Print) (First) Gertrude (Middle) R. (Last) Clipp
4. DATE OF DEATH: (Month) July (Day) 12 (Year) 1952
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Oct. 22 - 1881
9. AGE last birthday: 70-8-20 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Sharpsburg Wash. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Silas Dremner
14. MOTHER'S MAIDEN NAME: Mary Domer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None.
17. INFORMANT & ADDRESS: Jesse B. Clipp Boonsboro Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

297 Immediate cause (a) Agranulocytic angina
DUE TO (No specific cause)

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

Interval Between Onset And Death: 12 days.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease — Unknown

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/2, 1952, to 7/12, 1952, that I last saw the deceased alive on 7/12, 1952, and that death occurred at 11 am., from the causes and on the date stated above.

SIGNATURE (Degree or title) John H. Homebaker M.D.
ADDRESS 154 W. Washington St. Hagerstown Md.
DATE SIGNED 7-14-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF July 15 1952
NAME OF CEMETERY OR CREMATORY Mt. View Cemetery
LOCATION (City, town, or county) (State) Sharpsburg Wash. Co. Md.
DATE REC'D BY LOCAL REGISTRAR July 14 1952
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR Wm F. Bast & Sons
ADDRESS Boonsboro Md.

Dr. Homebaker

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 15

RECEIVED
JUL 16 1952
BUREAU V. S.

Dr. Hirschman

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH:
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. Cty. Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY: Washin
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural give locality): 123 E. Washington St.

3. NAME OF DECEASED: (Type or Print) (First) Theodore (Middle) William (Last) Cooper
4. DATE OF DEATH: (Month) July (Day) 21, (Year) 19 52

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower
8. DATE OF BIRTH: Mar. 25, 1888
9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Machinist
10b. KIND OF BUSINESS OR INDUSTRY: Fairchild Air-Craft Co.
11 BIRTHPLACE (State or foreign country): Stockton, N. Jersey
12 CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Max Cooper
14. MOTHER'S MAIDEN NAME: Mary Welch

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 214-09-1813
17. INFORMANT & ADDRESS: William Theodore Cooper 908 Lanvale St. Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Lobar Pneumonia

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c) DUE TO

Interval Between Onset And Death: 2 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Myocarditis — Years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. ,1948 , to July 21st, 19 52 , that I last saw the deceased alive on July 21, 1952 , and that death occurred at 12:10 P.M. from the causes and on the date stated above.

SIGNATURE: [signature] M.D.
(Degree or title)
ADDRESS: Hagerstown Md.
DATE SIGNED: 7/22/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 7-23-1952
NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
LOCATION (City, town, or county) (State): Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR: July 23, 1952
REGISTRAR'S SIGNATURE: Chas. H. Bowers
24. FUNERAL DIRECTOR: Andrew K. Coffman, Hagerstown, Md
ADDRESS

VS. A1E

JUL 25 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 100 Calvert Terrace

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown Md.
STREET ADDRESS (If rural, give location) 100 Calvert Terrace

3. NAME OF DECEASED (Type or Print): (First) Clinton (Middle) Kentch (Last) Cox
4. DATE OF DEATH (Month) July (Day) 13 (Year) 1952

5. SEX: male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: April 6 1873
9. AGE last birthday: 79 yrs. If under 1 year: Months 3 Days 6 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retd Guard U.S.Gov.
10b. KIND OF BUSINESS OR INDUSTRY: Britishembassy
11. BIRTHPLACE (State or foreign country): Sharpsburg Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Moses Cox
14. MOTHER'S MAIDEN NAME: Ann Catherine Lushbaugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mary Mose 100 Calvert Terrace Hagerstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

41 Immediate cause (a) Arteria sclerotic myocardial — Interval between onset and death: 2 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Heart disease Acute Coronary occlusion
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 29, 1952, to July 13, 1952, that I last saw the deceased alive on July 12, 1952 and that death occurred at 5:30 A.M., from the causes and on the date stated above.
SIGNATURE: S. Robert Wells (Degree or title) MD
ADDRESS 115 N. Potomac St. Hagerstown, Md.
DATE SIGNED 7/14/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: July 16 1952
NAME OF CEMETERY OR CREMATORY: Mt. View Cemetery
LOCATION (City, town, or county) (State): Sharpsburg Maryland
DATE REC'D BY LOCAL REG.: July 14 1952
REGISTRAR'S SIGNATURE: Chas H Bowers
24. FUNERAL DIRECTOR: Edith V. Leaf Williamsport Md. ADDRESS

RECEIVED
JUL 16 1912
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Washington; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown; LENGTH OF STAY (In this place): 1 day; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore; STREET ADDRESS (If rural, give location): 1615 Doolittle Road, Balt. 21

3. NAME OF DECEASED (Type or Print): (First) Rickey (Middle) William (Last) Cramer

4. DATE OF DEATH: (Month) 7 (Day) 7 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 8-3-1949

9. AGE last birthday: 2 yrs. If under 1 year: Months 11, Days 5; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: LeRoy W. Cramer

14. MOTHER'S MAIDEN NAME: Pauline Cora Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: LeRoy W. Cramer, Baltimore, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fractured Skull (open)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Shock

(c)

INTERVAL BETWEEN ONSET AND DEATH: 11 hrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death:

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: U.S. #40 3 mi E. Hagerstown (CITY OR TOWN) (COUNTY) (STATE) Md.

TIME OF INJURY (Month) 7 (Day) 7 (Year) 52 (Hour) 5 P.M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? Left out of moving automobile

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: S. Robert Wells, M.D. (Degree or title): Deputy Med. Exam. ADDRESS: Washington Co. Md. Hagerstown Md. DATE SIGNED: 7.8.52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 7-11-1952; NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery; LOCATION (City, town, or county) (State): Hagerstown, Maryland

DATE REC'D BY LOCAL REG.: July 9, 1952 REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: C. M. Suter & Sons, Hagerstown, Md. ADDRESS:

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JUN 11 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 305

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1 PLACE OF DEATH: COUNTY Washington — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairplay - Rural — LENGTH OF STAY (in this place) Life — HOSPITAL OR INSTITUTION OR STREET ADDRESS Fairplay md. R. 1.

2 USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland — COUNTY Washington — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairplay - Rural — STREET ADDRESS (If rural give location) Fairplay Md. R. 1

3 NAME OF DECEASED: (Type or Print) (First) Leona (Middle) Katharine (Last) Delander

4. DATE OF DEATH: (Month) July (Day) 24 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 15 1877

9. AGE Last birthday: 75 yrs. | If UNDER 1 YEAR: Months | Days | If UNDER 24 HRS: Hours | Min

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country) Fairplay Wash. Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Aaron Middlestaedt

14. MOTHER'S MAIDEN NAME: Laura Eakle

15 WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Joseph M. Delander Fairplay md R. 1

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Thrombosis — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: Instant.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Arteriosclerosis

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1940, 19 , to July 24, 1952, that I last saw the deceased alive on July 20, 1952, and that death occurred at 8 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D. — ADDRESS Williamsport Md — DATE SIGNED 7/25/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF July 26 1952 — NAME OF CEMETERY OR CREMATORY Bakersville Cemetery — LOCATION (City, town, or county) Bakersville Wash. Co. — (State) md

DATE REC'D BY LOCAL REGISTRAR July 25 52 — REGISTRAR'S SIGNATURE John H. East — 24. FUNERAL DIRECTOR Wm. J. East & Sons — ADDRESS Boonsboro md

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JUL 30 1952
BUREAU V. S.

148

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 303

1. PLACE OF DEATH COUNTY: Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Md COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown — LENGTH OF STAY (in this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Williamsport
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Co Hospital	STREET ADDRESS (If rural, give location): Williamsport RD#2

3. NAME OF DECEASED (Type or Print)	(First) RAYMOND	(Middle) MOAB	(Last) EBY	4. DATE OF DEATH	(Month) July (Day) 4 (Year) 1952
5. SEX: M	6. COLOR OR RACE: W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: Sept 7. 1917	9. AGE last birthday: 34 yrs.	If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer	10b. KIND OF BUSINESS OR INDUSTRY: Farm	11. BIRTHPLACE (State or foreign country): Clearspring Md	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME: Samuel Eby	14. MOTHER'S MAIDEN NAME: Emma Showalter Eby				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.: none	17. INFORMANT AND ADDRESS: Lulu Eby Williamsport RD#1			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chondro Sarcoma, Maxillary Sinus, right

196K Antecedent cause(s) with Metastasis. — 22 months

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: 11-22-50	19b. MAJOR FINDINGS OF OPERATION: As above	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 16, 1950, to July 4, 1952, that I last saw the deceased alive on July 4, 1952, and that death occurred at 11 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Curtis Robert Cohen	M. D.	Clear Spring, Maryland	July 5, 1952

23. BURIAL, CREMATION REMOVAL (Specify): W.	DATE: July 8/52	NAME OF CEMETERY OR CREMATORY: Clearspring Mennonite	LOCATION (City, town, or county) (State): Clearspring Md
DATE REC'D BY LOCAL REG.: July 6-52	REGISTRAR'S SIGNATURE: Joseph W. Murray Local	24. FUNERAL DIRECTOR: A. E. Minnich	ADDRESS: Greencastle Pa

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 10 19..
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30-1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural--Sharpsburg
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural--Sharpsburg
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Raymond (Middle) Foster (Last) Eichelberger

4. DATE OF DEATH: (Month) July (Day) 23 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 1, 1897

9. AGE last birthday: 54 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Clearspring Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Alexander Eichelberger

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY No.: 219-05-2032

17. INFORMANT AND ADDRESS: Anna Eichelberger-Sharpsburg, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary thrombosis

4 D.J

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible]

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 19....., to ....., 19....., that I last saw the deceased alive on July 9, 19 52, and that death occurred at 2 P. M., from the causes and on the date stated above.

SIGNATURE: Walter H. Shuey (Degree or title) M.D. ADDRESS: Sharpsburg, Md. DATE SIGNED: 7/25/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 7-26-52

NAME OF CEMETERY OR CREMATORY: Mt. View

LOCATION (City, town, or county) (State): Sharpsburg, Md

DATE REC'D BY LOCAL REG.: 7-26-52

REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: R. I. Earnshaw--Keedysville, Md ADDRESS

AUG 1 1952

BUREAU V. S.

149

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 303

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Clear Spring
LENGTH OF STAY (In this place) 19 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Res. Route 40 West

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Clear Spring
STREET ADDRESS (If rural, give location) Route 40 W.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Charles Marian Gordon

4. DATE OF DEATH: (Month) (Day) (Year) July 9 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: June 28, 1873
9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mfg. Ice
10b. KIND OF BUSINESS OR INDUSTRY: Hag. Ice Co.
11. BIRTHPLACE (State or foreign country): Stephen City, Va.
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: John P. Gordon
14. MOTHER'S MAIDEN NAME: Sarah E. Crabs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 214-09-3192
17. INFORMANT & ADDRESS: Mrs. Kathryon Gordon- Clear Spg. R D

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

180X
Immediate cause (a) Hypernephroma left kidney with metastasis — 3 1/2 yr
DUE TO
Antecedent cause(s) (b) to lung (left)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 6/3/49
19b. MAJOR FINDINGS OF OPERATION: Hypernephroma - l. kidney removed
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) NO
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1949, to July 9, 1952, that I last saw the deceased alive on July 8, 1952, and that death occurred at 2.50 P.m., from the causes and on the date stated above.

SIGNATURE F F Lusby MD. (DEGREE OR TITLE) ADDRESS 230 N Potomac St DATE SIGNED 10 July 52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF July 12-52
NAME OF CEMETERY OR CREMATORY St. Paul's Cemetery
LOCATION (City, town, or county) (State) Near Clear Spring, Md.

DATE REC'D BY LOCAL REG. July 12/52
REGISTRAR'S SIGNATURE Joseph W. Murray
24. FUNERAL DIRECTOR Adrian T. Rowland ADDRESS Clear Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
AUG 12 1952
BUREAU V. S.

Items 7,8,10,11,13,14 FilmG144 7/11/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

81

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE W. Va. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Martinsburg
STREET ADDRESS (If rural, give location) 514 W. King St.

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Newton (Last) Grove
4. DATE OF DEATH: (Month) July (Day) 7 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 6-26-10
9. AGE last birthday: 42 yrs. If under 1 year: Months | Days. If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Aircraft Co. employee
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): [illegible] Co.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Aurelius Grove
14. MOTHER'S MAIDEN NAME: Maude Cooper Grove
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [illegible] (If yes, give war or dates of service) [illegible]
16. SOCIAL SECURITY NO.
17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Concussion — 13 d.

P.2.3 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Epilepsy — ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Factory
(CITY OR TOWN) Hagerstown (COUNTY) Wash. (STATE) Md.
TIME OF INJURY (Month) 6 (Day) 25 (Year) 52 (Hour) 2:15 P.
INJURY OCCURRED While at work ☑ Not while at work ☐
HOW DID INJURY OCCUR? Fell backward off platform, striking head against machine

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE S. Robert Wells M.D. (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO., MD. ADDRESS 115 N. Potomac Hagerstown, Md. DATE SIGNED 7/7/52

23. ~~BURIAL, CREMATION~~ REMOVAL (Specify) DATE THEREOF July 7, 1952 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) Front Royal (State) Va.

DATE REC'D BY LOCAL REG. July 7, 1952 REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR Maddox Funeral Home ADDRESS 105 W. Main St. William R. Womeldorf

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

RECEIVED
JUL 9 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (In this place) 5 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital Hagerstown

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) 716 W. Montgomery St.

3. NAME OF DECEASED (Type or Print) (First) Dr. John (Middle) Paul (Last) Gunion

4. DATE OF DEATH (Month) July (Day) 23 (Year) 1952

5. SEX M.

6. COLOR OR RACE W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M

8. DATE OF BIRTH Sept 15 1876

9. AGE Last birthday 75 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Doctor

10b. KIND OF BUSINESS OR INDUSTRY Retired

11. BIRTHPLACE (State or foreign country) Washington D.C.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Zechariah Gunion

14. MOTHER'S MAIDEN NAME Rebecca Bowman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Mrs. Mae Gunion, 716 W. Montgomery St. Rockville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Thrombosis Involving Hypothalamus	10 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

332x

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Heat Exhaustion with Low Salt Syndrome — 5 days

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 19, 1952 to July 23, 1952 that I last saw the deceased alive on July 23, 1952 and that death occurred at 2:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Dalton M. Kelly M.D. Hagerstown Md. 7-23-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 7/26/52

NAME OF CEMETERY OR CREMATORY Rockville

LOCATION (City, town, or county) (State) Rockville Md.

DATE REC'D BY LOCAL REG. July 23 1952

REGISTRAR'S SIGNATURE Elbert Powers

24. FUNERAL DIRECTOR ADDRESS Walter J. Gove, Waynesboro Pa.

RECEIVED
JUL 25 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Dr Lusby Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (In this place) 33 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 53 East Franklin St

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 53 East Franklin St.

3. NAME OF DECEASED: (Type or Print) (First) LORA (Middle) AGNES (Last) HAMMAKER

4. DATE OF DEATH: (Month) (Day) (Year) July 10 1952 19

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: May 3 1876
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): White Hall Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jonas Q. Huffer
14. MOTHER'S MAIDEN NAME: Mary E. Neikirk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Miss Doris Brenner 40 E. Washington St Hagerstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 422.1

Immediate cause (a) Arterio sclerotic Cardio Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH 10 yr +

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1946, to 10 July, 1952, that I last saw the deceased alive on 10 July, 1952, and that death occurred at 5.45 P.M., from the causes and on the date stated above.

SIGNATURE F F Lusby (DEGREE OR TITLE) ADDRESS MD 230 N Potomac DATE SIGNED 11 July 52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 7-12-52
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown Md.
DATE REC'D BY LOCAL REG. July 12, 1952
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR Andrew K. Coffman ADDRESS Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIV
JUL 15 1952
BUREAU M.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

COUNTY Washington MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown

LENGTH OF STAY (in this place) 13 mos.

HOSPITAL OR INSTITUTION OR STREET ADDRESS Carlock Conv. Home

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Pennasylvania COUNTY Franklin

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chambersburg

STREET ADDRESS (If rural, give location) 474 Lincoln Way East

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Carper (Last) Haney

4. DATE OF DEATH: (Month) July (Day) 4 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Sept. 28, 1886

9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR Months 9 Days 28 IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Franklin County

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Phillip Carper

14. MOTHER'S MAIDEN NAME: Wilhelmina Cormany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: Mrs. Russel Perry, Chambersburg, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

4 . 1

Immediate cause (a) Arteriosclerotic Cardio Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH: 10 yr +

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. NY

19a. DATE OF OPERATION: NY

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) NY

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1951, to 4 July, 1952, that I last saw the deceased alive on 3 July, 1952, and that death occurred at 315 A m., from the causes and on the date stated above.

SIGNATURE F. F. Lusby (DEGREE OR TITLE) MD ADDRESS 230 N Plum DATE SIGNED 5 July 52

23. BURIAL, CREMATION REMOVAL (Specify): Removal

DATE THEREOF 7-4-1952

NAME OF CEMETERY OR CREMATORY Cedar Grove Cemetery

LOCATION (City, town, or county) (State) Chambersburg, Pa.

DATE REC'D BY LOCAL REG. July 5, 1952

REGISTRAR'S SIGNATURE Chas H. Bowers

24. FUNERAL DIRECTOR C. M. Suter & Sons, Hagerstown, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 1 8-51

RECEIVED
JUL 8 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Garlock Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Carrie (Middle) Eugenia (Last) Harman

4. DATE OF DEATH: (Month) July (Day) 5, (Year) 1952

5. SEX: female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: Dec. 26, 1869
9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Washington Co.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John H. Fiery
14. MOTHER'S MAIDEN NAME: Caroline Schindle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) - (If Yes, give war or dates of service) -
16. SOCIAL SECURITY NO.: --
17. INFORMANT & ADDRESS: Ralph Fiery, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Arterio sclerotic cardio vascular disease — INTERVAL BETWEEN ONSET AND DEATH 10 yrs +

422.1

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. NM

19a. DATE OF OPERATION: NM
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) NM
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1952, to 5 July, 1952, that I last saw the deceased alive on 3 July, 1952, and that death occurred at 525 P m., from the causes and on the date stated above.

SIGNATURE F F Husby MD (DEGREE OR TITLE) ADDRESS 230 N Potomac DATE SIGNED 7 July 52

23. BURIAL, CREMATION REMOVAL (Specify): burial
DATE THEREOF 7-8-1952
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REG. July 8. 1952
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR Scott F. Minnich & Son, ADDRESS Hagerstown

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

RECEIVED
JUL 10 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Dr Wm Layman

Reg. Dist. No 302

1 PLACE OF DEATH:
COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
MARYLAND
LENGTH OF STAY (in this place) 40 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1114 Pope Ave

2 USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland
COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 1114 Pope Ave

3 NAME OF DECEASED: (Type or Print) (First) FRANK (Middle) LOWE (Last) HOFFMAN

4. DATE OF DEATH: (Month) July (Day) 23 (Year) 1952

5. SEX: Male

6 COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower

8. DATE OF BIRTH: Aug 23 1877

9. AGE last birthday: IF LESS THAN 1 YEAR, IF UNDER 24 HRS. — yrs. 74 — Months — Days — Hours — Min

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Self Employed

11 BIRTHPLACE (State or foreign country) Gettysburg Pa.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Hoffman

14. MOTHER'S MAIDEN NAME: Matilda Harbaugh

15 WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk) No
(If Yes, give war or dates of service) ---

16 SOCIAL SECURITY NO: None

17. INFORMANT & ADDRESS: Walter E. Hoffman 1114 Pope Ave Hagerstown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Auricular fibrillation — Interval Between Onset And Death: at least 1 hr

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO arteriosclerotic heart disease — at least 1 year

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Panophthalmitis. — 7 days

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg, etc) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 16, 1952, to July 23, 1952, that I last saw the deceased alive on July 21 1952 and that death occurred at 11:15 A.M. E.S.T. from the causes and on the date stated above.

SIGNATURE W D Layman M.D. (Degree or title) ADDRESS Hagerstown, Md DATE SIGNED July 23, 1952

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 7-25-52 — NAME OF CEMETERY OR CREMATORY Smithsburg cemetery — LOCATION City, town, or county (State) Smithsburg Wash. Co. Md

DATE REC'D BY LOCAL REGISTRAR July 25, 1952 — REGISTRAR'S SIGNATURE Stuart Bowers

24. FUNERAL DIRECTOR Andrew K. Coffman — ADDRESS Hagerstown Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians, please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JUL 28 1952
BUREAU V. S.

Item 14 Film 145 7/28/52 wlw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [redacted] Boonsboro
LENGTH OF STAY (in this place) 47 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Guilford Conv. Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 295 Frederick Street

3. NAME OF DECEASED: (First) Mary (Middle) Katherine (Last) Holzapfel
4. DATE OF DEATH: (Month) July (Day) 19 (Year) 19 52
5. SEX Female **6. COLOR OR RACE:** White **7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** Married **8. DATE OF BIRTH:** 10-29-1884 **9. AGE last birthday:** 67 yrs IF UNDER 1 YEAR: Months 8 Days 20 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife **10b. KIND OF BUSINESS OR INDUSTRY:** **11. BIRTHPLACE** (State or foreign country) Taneytown, Maryland **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13. FATHER'S NAME: Oliver Koontz
14. MOTHER'S MAIDEN NAME: Christena [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: NONE
17. INFORMANT & ADDRESS: Chester Holzapfel, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
443X
Immediate cause (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: May 31-52
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — DUE TO (b) Hypertensive Cvd.-Vasc. Dzse
DUE TO (c)

II OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 31, 1952 to July 19, 1952, that I last saw the deceased alive on July 19, 1952, and that death occurred at 7:20 P. m., from the causes and on the date stated above.
SIGNATURE (DEGREE OR TITLE) Sidney Rouzer M.D. ADDRESS Hagerstown Md. DATE SIGNED 7/21/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF 7-22-1952 NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery LOCATION (City, town, or county) Hagerstown, Maryland (State)
DATE RECD BY LOCAL REGISTRAR July 21, 1952 REGISTRAR'S SIGNATURE John N. Bast
24. FUNERAL DIRECTOR C. M. Suter & Sons ADDRESS Hagerstown, Maryland

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 23 1952
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15 8-51

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 406 West Washington

3. NAME OF DECEASED: (Type or Print) (First) Clyde (Middle) E. (Last) Hose

4. DATE OF DEATH: (Month) July (Day) 12 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 10-7-1888

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months 9 Days 5 IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Barber

10b. KIND OF BUSINESS OR INDUSTRY: Own own Business

11. BIRTHPLACE (State or foreign country): Pinesburg, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: David Hose

14. MOTHER'S MAIDEN NAME: Elizabeth Guessford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 217-32-5102

17. INFORMANT & ADDRESS: Mrs. Clyde E. Hose, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral hemorrhage — Interval between onset and death: 5 days.

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b)

DUE TO (c) Hypertension cardiovascular disease. — 7 Years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:**

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1952, to July 12, 1952, that I last saw the deceased alive on July 12, 1952, and that death occurred at 11:50 A.M. P.S.T. from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) W. J. Layman, M.D. — ADDRESS Hagerstown, Maryland — DATE SIGNED Dec 14, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 7-15-1952 — NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery — LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REG. 7/15/52 — REGISTRAR'S SIGNATURE Charles Bowers

24. FUNERAL DIRECTOR C. M. Suter & Sons — ADDRESS Hagerstown, Maryland

Dr. Walter Layman.

RECEIVED
JUL 17 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY WASHINGTON MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASINGTON COUNTY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
STREET ADDRESS (If rural, give location) 944 CHESTNUT ST.

3. NAME OF DECEASED (Type or Print): (First) DEBORAH (Middle) KRISTIN (Last) JONES
4. DATE OF DEATH: (Month) JULY (Day) 14 (Year) 1952
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE
8. DATE OF BIRTH: 6/16/50
9. AGE last birthday: 2 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CHILD
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: CLYDE MERRITT JONES
14. MOTHER'S MAIDEN NAME: JEANETTE MARTIN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: NONE
17. INFORMANT AND ADDRESS: MR. CLYDE M. JONES HAGERSTOWN, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Convulsive disorder.	18 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Acute Pharyngitis and tonsilitis	48 hrs.
	(c) Probable Epilepsy.	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ~~7-13~~ Nov, 1950, to 7-13, 1952, that I last saw the deceased alive on 7-13, 1952, and that death occurred at 5 A. m., from the causes and on the date stated above.

SIGNATURE: S. Magnet Fredrick (Degree or title) M.D. ADDRESS: 318 N. Potomac St DATE SIGNED: 7-14-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 7/16/52
NAME OF CEMETERY OR CREMATORY: Rest Haven Cem.
LOCATION (City, town, or county) (State): Hagerstown, Md.

DATE REC'D BY LOCAL REG.: July 15, 1952
REGISTRAR'S SIGNATURE: [signature]
24. FUNERAL DIRECTOR: W. T. Norment, ADDRESS: Hagerstown, Md.

RECEIVED
JUL 17 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH -BALTIMORE, 18

CERTIFICATE OF DEATH

Dr Novenstone

Reg. Dist. No. 302

1 PLACE OF DEATH:
COUNTY Washington
CITY If outside corporate limits, write RURAL and give nearest town) OR TOWN Funkstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS 46 West Baltimore St.
MARYLAND
LENGTH OF STAY (In this place) 33 Yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Funkstown
STREET ADDRESS (If rural give location) 46 West Baltimore St.

3. NAME OF DECEASED: (Type or Print) (First) SUSAN (Middle) MYERS (Last) KERSHNER

4. DATE OF DEATH: (Month) July (Day) 25 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: June 3 1868

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Franklin Co. Penna

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Daniel Myers

14. MOTHER'S MAIDEN NAME: Martha Stoner

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) --

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Orville E. Kershner Hagerstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4143X

Immediate cause (a) Hypertensive cardio-vascular disease DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) arterio-sclerosis generalized DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20 AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 14, 1952, to July 25, 1952, that I last saw the deceased alive on July 25, 1952, and that death occurred at 8 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Sidney Novenstein M.D. ADDRESS Funkstown Md. DATE SIGNED 7-26-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 7-27-52

NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery

LOCATION (City, town, or county) (State) Hagerstown Wash. Co. Md.

DATE REC'D BY LOCAL REGISTRAR July 27 1952

REGISTRAR'S SIGNATURE Chas H. Bowers

24. FUNERAL DIRECTOR Andrew K. Cofiman ADDRESS Hagerstown Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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JUL 29 1952
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 42 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 28 West Side Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 28 West Side Avenue

3. NAME OF DECEASED: (Type or Print) (First) Jennie (Middle) Avis (Last) Lewin

4. DATE OF DEATH: (Month) July (Day) 1 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 12-28-1867

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Months 5 Days 3 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ellicott City, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: illiam L. Bewley

14. MOTHER'S MAIDEN NAME: Sarah J. Harden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: Myrtle Lewin, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of pancreas — ?

DUE TO

157X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-15, 1952, to 7-1-, 1952, that I last saw the deceased alive on 6-27, 1952, and that death occurred at 10:00 A.m., from the causes and on the date stated above.

SIGNATURE R. A. Bell (DEGREE OR TITLE) M.D. ADDRESS Hagerstown, Md. DATE SIGNED July 2, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF 7-5-1952 NAME OF CEMETERY OR CREMATORY Loudon Park Cem. LOCATION (City, town, or county) Baltimore, Maryland (State)

DATE REC'D BY LOCAL REG. July 2, 1952 REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR C. [illegible] Suter & Sons, Hagerstown, Md. ADDRESS

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JUL 7 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Washington — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown

LENGTH OF STAY (In this place): Life

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 103 East Washington Street

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Washington

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown

STREET ADDRESS (If rural, give location): 103 East Washington Street

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Margaret	Ellen	Lushbaugh	July	30	19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Single	Oct. 9- 1899	53 yrs.	9	21		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Clerk Tax Supervisor		Hagerstown, Maryland	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Charles H. Lushbaugh	Margaret Gates

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	16. SOCIAL SECURITY NO.: (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS:
No	NONE	Margaret Gantz, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	6 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	
	DUE TO (c)	

3317

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
None		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-30, 1952 to 7-30, 1952, that I last saw the deceased alive on 7-30, 1952, and that death occurred at 12:30 P.M., from the causes and on the date stated above.

SIGNATURE: R.A. Bell (DEGREE OR TITLE): M.D. ADDRESS: Hagerstown, Maryland DATE SIGNED: 7-31-52

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8-2-1952	Rose Hill Cemetery	Hagerstown, Maryland

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug. 1. 1952	Chas. H. Bowers	C. M. Suter & Sons, Hagerstown, Maryland	

BUREAU V. S.
AUG 4 1952

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07893

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Hagerstown
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS RD#4 - Hagerstown

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Hagerstown
STREET ADDRESS (If rural, give location) RD#4 - Hagerstown

3. NAME OF DECEASED (Type or Print) (First) FRANCES (Middle) K. (Last) MARTIN

4. DATE OF DEATH (Month) July (Day) 27 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH July 13, 1873
9. AGE last birthday 79 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most [redacted] if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Maugansville, Md.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Samuel Horst
14. MOTHER'S MAIDEN NAME Lydia Lesher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Andrew H. Martin, Maugansville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH 3 yrs

4221 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-14, 1952, to 7-27, 1952, that I last saw the deceased alive on 7-26, 1952, and that death occurred at 3:00 A.m., from the causes and on the date stated above.

SIGNATURE Dr. E.W. Ditto Jr. (Degree or title) ADDRESS Hagerstown Md DATE SIGNED 7/27/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 7/30/52
NAME OF CEMETERY OR CREMATORY Reiff Mennonite Cem.
LOCATION (City, town, or county) Cearfoss (Washington Co.) (State) Md.

DATE REC'D BY LOCAL REG. July 27, 1952
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR A.E. Minnich ADDRESS Greencastle Penna.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
JUL [illegible] 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 352

1. PLACE OF DEATH — COUNTY: WASHINGTON — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HAGERSTOWN — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: WASH. CO. HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MD. — COUNTY: WASH.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HAGERSTOWN
STREET ADDRESS (If rural, give location): 219 Ross St.

3. NAME OF DECEASED (Type or Print) (First) BABY (Middle) WILK. (Last) MC DONOUGH
4. DATE OF DEATH (Month) JULY (Day) 5 (Year) 1952
5. SEX: F
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: 2 JULY 52
9. AGE last birthday: — yrs. — If under 1 year: Months — Days 3 — If under 24 hrs.: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): INFANT
10b. KIND OF BUSINESS OR INDUSTRY: NEWBORN
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: UNKNOWN
14. MOTHER'S MAIDEN NAME: DOROTHY MAE EYSER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: NONE
17. INFORMANT AND ADDRESS: MOTHER 219 Ross St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) PREMATURITY (2 Pounds)

Antecedent cause(s) (b) —

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) —

INTERVAL BETWEEN ONSET AND DEATH: 3 Days

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from ....., 19...., to ....., 19...., that I last saw the deceased alive on 5 JULY, 1952, and that death occurred at 10 P.m., from the causes and on the date stated above.

SIGNATURE: A. M. [illegible] (Degree or title) M.D. — ADDRESS: 318 [illegible] — DATE SIGNED: [illegible] 6 52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 7/7/52 — NAME OF CEMETERY OR CREMATORY: Manor Ch. Cem. — LOCATION (City, town, or county) (State): Washington Co. Md.

DATE REC'D BY LOCAL REG.: Jul 6 1952 — REGISTRAR'S SIGNATURE: [illegible] Bowers

24. FUNERAL DIRECTOR: W. T. Norment, Hagerstown Md. — ADDRESS:

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
1952
BUREAU V. S.
BUREAU V. S.

McDonough

The name of the father of this child is supplied on the birth certificate

Chas. H. Bowers
Loc. Reg.

RECEIVED

JUL 8 1952

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 97

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1 PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 3 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Garlock Memorial Home

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Keedysville
STREET ADDRESS (If rural give location) Main St.

3 NAME OF DECEASED: (Type or Print) (First) John (Middle) A. (Last) Miller

4 DATE OF DEATH: (Month) July (Day) 7 (Year) 1952

5. SEX: Male
6 COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Dec. 30-1858
9. AGE last birthday: 93-6-7 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired Merchant Selfowing
10b. KIND OF BUSINESS OR INDUSTRY: General Store
11 BIRTHPLACE (State or foreign country): Glen Rock York Co. Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Benjamin F. Miller
14. MOTHER'S MAIDEN NAME: Matilda Ecker

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs. Howard Burtner Keedysville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Haemorrhage
DUE TO
Antecedent causes (s) (b) Generalized arteriosclerosis
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
DUE TO
(c) with chronic myocarditis

Interval Between Onset And Death: 36 hrs 8 yrs.

33 XX

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 10, 1952, to July 7, 1952, that I last saw the deceased alive on July 6, 1952, and that death occurred at 11.15 A.M. from the causes and on the date stated above.

SIGNATURE: C W LeVan (Degree or title) M.W.
ADDRESS: Boonsboro
DATE SIGNED: 7/8/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: July 10 1952
NAME OF CEMETERY OR CREMATORY: Fairview Cemetery
LOCATION (City, town, or county) (State): Keedysville Wash. Co. Md.
DATE REC'D BY LOCAL REGISTRAR: July 9, 1952
REGISTRAR'S SIGNATURE: Chas H. Bowers
24. FUNERAL DIRECTOR: Wm F. Bast & Sons
ADDRESS: Boonsboro Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 303

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Clear Spring, — LENGTH OF STAY (in this place): Md. 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Route 40 W. Clspg.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Clear Speing
STREET ADDRESS (If rural, give location): Route 40 W.

3. NAME OF DECEASED: (Type or Print) (First) Abraham (Middle) (Last) Mills

4. DATE OF DEATH: (Month) July (Day) 22, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: June 4, 1866

9. AGE last birthday: 86 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Black Smith

10b. KIND OF BUSINESS OR INDUSTRY: Own

11. BIRTHPLACE (State or foreign country): Wash. Co., Md.

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Abrahan Mills

14. MOTHER'S MAIDEN NAME: Elizabeth Whetstone

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Amos Mills- Clear Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Sclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 1 year

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Arterio Sclerosis — 5 years.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 15, 1952 to July 22, 1952, that I last saw the deceased alive on July 22 1952, and that death occurred at 9.30 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS: David R Brewer M.D. Clear Spring Md. — DATE SIGNED: 7/23/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: July 25-52 — NAME OF CEMETERY OR CREMATORY: St. Vincents Cemetery — LOCATION (City, town, or county) (State): Latrobe, Pa.

DATE REC'D BY LOCAL REG.: July 25 52 — REGISTRAR'S SIGNATURE: Josephine Murray

24. FUNERAL DIRECTOR — ADDRESS: Adrian H. Rowland- Clear Spring, Md.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-415

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH — COUNTY: WASHINGTON — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: — LENGTH OF STAY (in this place):
HOSPITAL OR ~~INSTITUTION OR STREET ADDRESS~~: WASHINGTON COUNTY

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MD — COUNTY: WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown, Md
STREET ADDRESS (If rural, give location): Rt #1

3. NAME OF DECEASED (Type or Print): (First) Vonnie (Middle) Abraham (Last) MISNER
4. DATE OF DEATH: (Month) 7 (Day) 15 (Year) 1952
5. SEX: M
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE
8. DATE OF BIRTH: 7/14/52
9. AGE last birthday: — yrs. If under 1 year: Months 3, Days 0; If under 24 hrs.: Hours 11, Min. 45
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? —
13. FATHER'S NAME: REFUSED TO GIVE NAME
14. MOTHER'S MAIDEN NAME: GOLDIE JEAN MISNER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: MOTHER — ROUTE #1, HAGERSTOWN, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause	(a)	SUB DURAL HEMORRHAGE.	11 hrs.
760.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	ATELECTASIS.	11 hrs.
	(c)	PRIMARY RESPIRATORY DISTRESS	11 hrs.

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. — + myopia.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 11 43 AM 7-14-52, 19 ~~52~~, to 11:30 7-15, 1952, that I last saw the deceased alive on 7-15, 1952, and that death occurred at 11:30 m., from the causes and on the date stated above.

SIGNATURE: Antim Baptista (Degree or title) — ADDRESS: Hagerstown Md — DATE SIGNED: 7-15-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: July 16th 1952 — NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery — LOCATION (City, town, or county) (State): Hagerstown Md

DATE REC'D BY LOCAL REG.: July 16 1952 — REGISTRAR'S SIGNATURE: [illegible] Towers — 24. FUNERAL DIRECTOR: Rest Haven Funeral Chapel — ADDRESS: Hagerstown Md.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY WASHINGTON MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
LENGTH OF STAY (in this place) 50 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON COUNTY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
STREET ADDRESS (If rural, give location) 19 SUTTER ST.

3. NAME OF DECEASED (Type or Print): (First) SAMUEL (Middle) MATTHEW (Last) MOORE
4. DATE OF DEATH: (Month) JULY (Day) 20 (Year) 1952
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: 4/6/1877
9. AGE last birthday: 75 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CABINET MAKER
10b. KIND OF BUSINESS OR INDUSTRY: FLOORING CO.
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: WILLIAM MOORE
14. MOTHER'S MAIDEN NAME: MARY HILL
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: 215-14-1542
17. INFORMANT AND ADDRESS: MR. WM. L. MOORE HAGERSTOWN, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Pneumonia Lobar	7/6/52
410X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Hemiplegia	7/16/52
	(c)	Genito urinary sclerosis	5 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-6-, 1952, to 7-20, 1952, that I last saw the deceased alive on 7-19-52, 19.., and that death occurred at 3:45 A.m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) ADDRESS: Hagerstown Md DATE SIGNED: 7/21/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 7/22/52
NAME OF CEMETERY OR CREMATORY: Mt. Lena U.B. Church
LOCATION (City, town, or county) (State): Washington County Md.
DATE REC'D BY LOCAL REG.: July 21, 1952
REGISTRAR'S SIGNATURE: [signature]
24. FUNERAL DIRECTOR: W. T. Norment, ADDRESS: Hagerstown Md.

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JUL 23 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Dr Ditto Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Maugansville
LENGTH OF STAY (in this place) 38 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Maugansville-Mason-Dixon Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Maugansville
STREET ADDRESS (If rural, give location) Maugansville-Mason-Dixon Rd.

3. NAME OF DECEASED: (Type or Print) (First) CLYDE (Middle) ORVILLE (Last) MORNINGSTAR

4. DATE OF DEATH: (Month) (Day) (Year) July 3 1952 19

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Mar 3 1889
9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dairy Operator
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Hagerstown Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Morningstar
14. MOTHER'S MAIDEN NAME: Katherine Leiter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ---------
16. SOCIAL SECURITY No.: 217-32-5125
17. INFORMANT & ADDRESS: Mrs Orpha G. Morningstar

18. MEDICAL CERTIFICATION Maugansville Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary Fissure — INTERVAL BETWEEN ONSET AND DEATH 2 yrs
DUE TO
4200
Antecedent cause(s) (b) [illegible] Heart Fissure — 4 yrs
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-1, 1951, to 7-3, 1952, that I last saw the deceased alive on 7-7-52, 19....., and that death occurred at 11:55 A.M., from the causes and on the date stated above.

SIGNATURE S. W. Ditto (DEGREE OR TITLE) ADDRESS Hagerstown Md DATE SIGNED 7/6/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 7-6-52
NAME OF CEMETERY OR CREMATORY Dunkard Cemetery
LOCATION (City, town, or county) (State) Broadfording Wash. Co Md

DATE REC'D BY LOCAL REG. July 6. 1952
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR Andrew K. Coffman ADDRESS Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 307

1. PLACE OF DEATH — COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Weverton — LENGTH OF STAY (in this place): 72 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Wash
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Weverton
STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print): (First) Daniel (Middle) Edward (Last) Munday
4. DATE OF DEATH: (Month) 7 (Day) 20 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 6-30-1880
9. AGE last birthday: 72 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Car Repairman (Retired)
10b. KIND OF BUSINESS OR INDUSTRY: B&O R.R.
11. BIRTHPLACE (State or foreign country): Ohio
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: John B Munday
14. MOTHER'S MAIDEN NAME:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 215-14-2973
17. INFORMANT AND ADDRESS: Mrs. Annie Moss Munday, Knoxville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary thrombosis — [illegible]

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio-sclerotic heart [illegible] — [illegible]

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/26, 1951, to 7/20, 1952 that I last saw the deceased alive on 7/18, 1952, and that death occurred at 11:30 P m., from the causes and on the date stated above.

SIGNATURE: [illegible] (Degree or title) — ADDRESS: [illegible] — DATE SIGNED: 7/22/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 7-23-52 — NAME OF CEMETERY OR CREMATORY: Reformed — LOCATION (City, town, or county): Knoxville (State): Md.

DATE REC'D BY LOCAL REG.: 7/24/52 — REGISTRAR'S SIGNATURE: Cornelius H. Castle, Deputy — 24. FUNERAL DIRECTOR: C. H. Feeleton — ADDRESS: Brunswick Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 805 View St.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last): Kammie Lounetta Nalley

4. DATE OF DEATH: (Month) (Day) (Year): July 21, 19 52

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed

8. DATE OF BIRTH: March 22, 1883

9. AGE last birthday: 69 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Tilghmanton, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 213-12-7103

17. INFORMANT & ADDRESS: Howard Nalley, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

584 **Immediate cause** (a) Acute Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH: 15 mins.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Chronic Cholecystitis with acute abscess & cholelithiasis.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: Ch. Cholecystitis with abscess & cholelithiasis.

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/7, 19 52, to 7/21, 19 52, that I last saw the deceased alive on 7/21, 19 52, and that death occurred at 9:35 P. m., from the causes and on the date stated above.

SIGNATURE: [signature] M.D. (DEGREE OR TITLE) ADDRESS: 148 W. Washington St - Hagerstown Md DATE SIGNED: 7/22/52

23. BURIAL, CREMATION REMOVAL (Specify): burial — DATE THEREOF: July 23, 52 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery — LOCATION (City, town, or county) (State): Hagerstown, Md.

DATE REC'D BY LOCAL REG.: July 22 1952 — REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR — ADDRESS: Scott F. Minnich & Son, Hagerstown

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 304

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hancock — LENGTH OF STAY (in this place) 30 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hancock Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Ernest (Middle) Bruce (Last) Ogle.

4. DATE OF DEATH: (Month) 7. (Day) 1. (Year) 1952

5. SEX: Male.

6. COLOR OR RACE: White.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married.

8. DATE OF BIRTH: 9.11.1875.

9. AGE last birthday: 77. yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Station Agent.

10b. KIND OF BUSINESS OR INDUSTRY: R.R. Road.

11. BIRTHPLACE (State or foreign country): Md Frederick County.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Henry Bruce Ogle.

14. MOTHER'S MAIDEN NAME: Laura Catherine Mathias

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 715-10-5169.

17. INFORMANT AND ADDRESS: Mrs Nina May Ogle, Hancock Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval between onset and death: 1½ hr.

23/X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Myocarditis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ... , 1936, to 7-1, 1952, that I last saw the deceased alive on 7-1, 1952, and that death occurred at 12:05A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Herbert R. Tobias M.D. Hancock Md 7-2-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 7.3.52. — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State): Woodsboro Maryland.

DATE REC'D BY LOCAL REG. 7/3/52 — REGISTRAR'S SIGNATURE: [illegible] — 24. FUNERAL DIRECTOR — ADDRESS: Howard J. Grove Hancock Md

VS. A-5

RECEIVED
JUL 7 19..
BUREAU V. S.

1701

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington County MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown Md.
STREET ADDRESS (If rural, give location) 526 Jefferson St.

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Thomas (Last) Poffenberger
4. DATE OF DEATH: (Month) July (Day) 17th. (Year) 1952
5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: May 19th. 1877
9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foundery Emp.
10b. KIND OF BUSINESS OR INDUSTRY: Pangborn Corp.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? United States
13. FATHER'S NAME: William Poffenberger
14. MOTHER'S MAIDEN NAME: Ellen Hoffman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 214_09_6056
17. INFORMANT & ADDRESS: Mrs. Alva Poffenberger

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Arteriosclerotic heart disease	6 mo.
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	
DUE TO		
	(c) Arteriosclerosis, generalized	3 yrs.

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death: Bronchial asthma — 3 yrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jun 27, 1952, to July 17, 1952, that I last saw the deceased alive on July 17, 1952, and that death occurred at 4:45 P.M. from the causes and on the date stated above.

SIGNATURE: [signature] (DEGREE OR TITLE) ADDRESS: 5 Public Square Hagerstown, Md. DATE SIGNED: July 18, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: July 21th. 52
NAME OF CEMETERY OR CREMATORY: River View
LOCATION (City, town, or county) (State): Williamsport Md.

DATE REC'D BY LOCAL REG.: July 20, 1952
REGISTRAR'S SIGNATURE: Chas H Bowers
24. FUNERAL DIRECTOR: Fred W. Kraiss
ADDRESS: 139 N. Pot. St. Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
JUL 22 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Dr. W. Layman

Reg. Dist. No 302

1. PLACE OF DEATH.
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown R # 3
LENGTH OF STAY (in this place) 10 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS St James Road

2. USUAL RESIDENCE (HOME) OF DECEASED: Washington
STATE Maryland COUNTY Washing
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown R # 3
STREET ADDRESS (If rural give location) St James Road

3. NAME OF DECEASED: (Type or Print) (First) CATHERINE (Middle) VIRGINIA (Last) PROPS

4. DATE OF DEATH: (Month) July (Day) 14 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Sept, 21 1877
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Gainesboro, Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME. James R. Darlington
14. MOTHER'S MAIDEN NAME. Mary Hudson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ---
16. SOCIAL SECURITY No None
17. INFORMANT & ADDRESS: Mrs Grover M. Ohler, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis — Interval Between Onset And Death: First - 4 hrs, Second - 4 days.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) DUE TO (c) Cerebral arteriosclerosis — 2 months certain.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 6, 1952, to July 14 1952, that I last saw the deceased alive on July 1, 1952, and that death occurred at 4 45 Am DST, from the causes and on the date stated above.

SIGNATURE W. J. Layman, M.D. (Degree or title) ADDRESS Hagerstown, Md. DATE SIGNED July 14 1952

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7/16/52
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR July 16 1952
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR Andrew K. Coffman
ADDRESS Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
18 1952
U V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 304

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Washington. STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hancock Md.
LENGTH OF STAY (in this place): Life.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. COUNTY: Washington.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hancock MD.
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Samuel	Luther	Purnell	7.	14.	52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male.	White.	Married.	Oct. 2. 1867.	84. yrs.		15.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Labor.	Apple Orchids.	Washington County MD.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Frederick Purnell.	Mary E Staley.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No.	None.	Mrs Merill Sipes Hancock Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestive Heart Failure	6 mo
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocarditis	4 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1952 19..... to July 14, 1952; that I last saw the deceased alive on July 10, 1952; and that death occurred at Hancock m., from the causes and on the date stated above.

SIGNATURE: J. A. Weller (Degree or title) M.D. ADDRESS: Hancock Md DATE SIGNED: July 14 1952

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial.	7.18.52.	St Thomas Episcopal.	Hancock, Washington Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-18-52	J. A. Weller	Howard J. Grove	Hancock Md

RECEIVED
JUL 21 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 1216 Wabash Avenue

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) R. Randall (Last)
4. DATE OF DEATH: (Month) July (Day) 31 (Year) 19 52

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 1-14-1912
9. AGE last birthday: 40 yrs. IF UNDER 1 YEAR: Months 6 Days 17 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maid
10b. KIND OF BUSINESS OR INDUSTRY: Fairchild Aircraft
11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harry C. Randall
14. MOTHER'S MAIDEN NAME: Icia Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 214-09-9807
17. INFORMANT & ADDRESS: Mrs. W. R. Randall, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
201X
Immediate cause (a) Hodgkin's Disease
DUE TO
Antecedent cause(s) (b)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH: about 12 yrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1940, & 1951
19b. MAJOR FINDINGS OF OPERATION: Bridgeland - Left axilla
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb., 1946, to July 31, 1952, that I last saw the deceased alive on July 31, 1952, and that death occurred at 11 AM m., from the causes and on the date stated above.

SIGNATURE Phillip J. Hagleman (DEGREE OR TITLE) MD ADDRESS Hagerstown Md DATE SIGNED 8/1/52

23. BURIAL, CREMATION REMOVAL (Specify): Pinal
DATE THEREOF 8-3-1952
NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery
LOCATION (City, town, or county) Hagerstown, Maryland (State)

DATE REC'D BY LOCAL REG. Aug. 3 1952
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR C. M. Suter & Sons, Hagerstown, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-115 8-51

159 W. Wash

RECEIVED
AUG 5 1952
BUREAU V. 6

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Hagerstown
LENGTH OF STAY (in this place) One Week
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Washington
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 125 Garlinger Ave.

3. NAME OF DECEASED: (Type or Print) (First) Lizzie (Middle) Jane (Last) Reese

4. DATE OF DEATH: (Month) July (Day) 25 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: May 9 1850

9. AGE last birthday: [IF UNDER 1 YEAR Months Days] [IF UNDER 24 HRS. Hours Min] 72 yrs. 2 mos. 16 ds.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country) Mt. Lena Wash. Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Irwin

14. MOTHER'S MAIDEN NAME: Margaret Bear

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. Helen Featherman 125 Garlinger Ave. Hagerstown Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis — Interval Between Onset And Death 11 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO Arteriosclerosis — 4 yrs.
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 24 1952, to July 25, 1952, that I last saw the deceased alive on July 25, 1952, and that death occurred at 9:05 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Clyde A. Hoffman — ADDRESS 214 N. Potomac St. Hagerstown, Md. — DATE SIGNED 7/24/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF July 27 1952 — NAME OF CEMETERY OR CREMATORY Fahrney Cemetery — LOCATION (City, town, or county) near Mapleville Wash. Co. Md. — (STATE)

DATE REC'D BY LOCAL REGISTRAR July 24 1952 — REGISTRAR'S SIGNATURE Edgar H. Howard — 24. FUNERAL DIRECTOR Wm. T. Bart & Sons — ADDRESS Boonsboro Md

VS A15

RECEIVED
[illegible] 1951

BURLAJ V. S.

212

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. [illegible]

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Church Street Pennslyvaina Railroad Crossing

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown Md.
STREET ADDRESS (If rural, give location) 829 Gerrgia Ave.

3. NAME OF DECEASED (Type or Print) (First) Samuel (Middle) Issac (Last) Rowland
4. DATE OF DEATH (Month) July (Day) 7 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH March 5 1897
9. AGE last birthday 55 yrs. If under 1 year Months 4 Days 1 If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bartender
10b. KIND OF BUSINESS OR INDUSTRY Clo Club
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Charles Rowland
14. MOTHER'S MAIDEN NAME Ardella Suman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes give war or dates of service) World War #1
16. SOCIAL SECURITY NO. 220-09-9245
17. INFORMANT AND ADDRESS 829 Ga. Ave. Md. Mrs. Daisy Ellen Rowland Hagerstown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cut in half by train

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY [illegible] (CITY OR TOWN) [illegible] (COUNTY) [illegible] (STATE) [illegible]
TIME OF INJURY (Month) 7 (Day) 7 (Year) 52 (Hour) 2.45 m
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Run over by train

22. *I certify that I took charge of the remains described above, held an Autopsy ✓, Inspection ✓, Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ✓, suicide ✓, homicide ✓, undetermined*

SIGNATURE S. Robert Wells MD, (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO., MD. ADDRESS 115 N. [illegible] St. [illegible] DATE SIGNED 7.8.52

23. BURIAL CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 9 1952
NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery
LOCATION (City, town, or county) Williamsport Md. (State)
DATE REC'D BY LOCAL REG. July 8.1952
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Albert L. Leaf Williamsport Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15A

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY WASHINGTON MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN — LENGTH OF STAY (in this place) 6 YRS.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARLOCK NURSING HOME	STREET ADDRESS (If rural, give location) 1000 CORBETT ST.

3. NAME OF DECEASED (Type or Print): (First) NANNIE (Middle) BELLE (Last) SAYLOR

4. DATE OF DEATH: (Month) JULY (Day) 9 (Year) 1952

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: 2/17/1869

9. AGE last birthday: 83 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): VIRGINIA

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: JOHN W. SHERLEY

14. MOTHER'S MAIDEN NAME: REBECCA NEGLEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: MRS. G.M. OHLER HAGERSTOWN, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hyperinsulinism, exogenous	1/2 hr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Diabetes mellitus	indef.
	(c) Myocarditis, arteriosclerotic	"

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-7-50, 19 ..., to present, 19....., that I last saw the deceased alive on 7-8, 1952, and that death occurred at 2:10 A. m., from the causes and on the date stated above.

SIGNATURE: Robert F. Keedle (Degree or title) M. D., ADDRESS: 132 W. Washington St., Hagerstown, Md. DATE SIGNED: 7-10-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 7/11/52 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cem. — LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REG.: July 12, 1952 — REGISTRAR'S SIGNATURE: [illegible] — 24. FUNERAL DIRECTOR: W. T. Norment ADDRESS: Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly

VS A16

RECEIVED
JUL 15 1952
BUREAU V. S.

117911

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 303

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) rural Hagerstown
LENGTH OF STAY (in this place) 5 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gateway Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Mabel (Middle) Louise (Last) Semler

4. DATE OF DEATH: (Month) July (Day) 12 (Year) 1952

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: May 10, 1904
9. AGE last birthday: 48 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country) Fulton Co., Penna.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas J. Keefer
14. MOTHER'S MAIDEN NAME: Lena C. Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) -
16. SOCIAL SECURITY NO.: 219-14-9792
17. INFORMANT & ADDRESS: Joseph Walling, Keedysville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 174X

Immediate cause (a) General Metastasis — INTERVAL BETWEEN ONSET AND DEATH

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b) Carcinoma of Uterine Tube — 10 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: 8 Jy 1951
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8 Jy 1951, to July 12 1952, that I last saw the deceased alive on July 12, 1952, and that death occurred at 11 A.M., from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) ADDRESS Hagerstown, Md. DATE SIGNED July 12/52

23. BURIAL, CREMATION REMOVAL (Specify): burial
DATE THEREOF July 15, 1952
NAME OF CEMETERY OR CREMATORY Blair's Valley Union
LOCATION (City, town, or county) Blair's Valley, Md. (State)

DATE REC'D BY LOCAL REG. July 14, 1952
REGISTRAR'S SIGNATURE Leroy M. Fockler (Deputy Lead)
24. FUNERAL DIRECTOR Scott F. Minnich & Son, Hagerstown ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 8-51

RECEIVED
AUG 12 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 342

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A 8-51

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 436 West Franklin Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 436 West Franklin Street

3. NAME OF DECEASED: (Type or Print) (First) Gernard (Middle) L. (Last) Shadrach

4. DATE OF DEATH: (Month) July (Day) 8 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 3-22-1904

9. AGE last birthday: 48 yrs. IF UNDER 1 YEAR: Months 3 Days 29 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: W.P.A.

11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob Shadrach

14. MOTHER'S MAIDEN NAME: Nettie Mong

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 213-12-7005

17. INFORMANT & ADDRESS: Mrs. Catherine Shadrach, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	10 minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Hypertensive cardiovascular disease	indefinite
	(c) DUE TO Muscular dystrophy, familial	life.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-17, 19 49, to 7-7, 19 49, that I last saw the deceased alive on 7-7, 19 49, and that death occurred at 10:55 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE): Robert F. Keadle M D

ADDRESS: ROBERT F. KEADLE, 132 W. WASHINGTON ST., HAGERSTOWN, MARYLAND

DATE SIGNED: 7-9-52

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation

DATE THEREOF: 7-10-1952

NAME OF CEMETERY OR CREMATORY: Cedar Lawn

(City, town, or county) (State): Washington, D. C.

DATE REC'D BY LOCAL REGISTRAR: July 9, 1952

REGISTRAR'S SIGNATURE: Ethel F. Bowers

24. FUNERAL DIRECTOR ADDRESS: C. M. Suter & Sons, Hagerstown, Md.

RECEIVED
JUL 11 1952
BUREAU V. S.

Ite. 21 Fil. 6.45 7-24-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 305

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Washington
CITY (If outside corporate limits, write RURAL) OR TOWN Boonsboro
LENGTH OF STAY (in this place) 9 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Lakin Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bolivier - Rural
STREET ADDRESS (If rural give location) Middletown R. 1.

3. NAME OF DECEASED: (Type or Print) (First) Sarah (Middle) E. (Last) Sigler
4. DATE OF DEATH: (Month) July (Day) 10 (Year) 1952
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: November 4 1851
9. AGE last birthday. If UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours M.m. 100-8-6 yrs.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Home Life
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country) Near Middletown Fred. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: George Jones
14. MOTHER'S MAIDEN NAME: Elizabeth Waltis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: -None-
17. INFORMANT & ADDRESS: Mrs. George W. Churchey Boonsboro Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Cystitis	10 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Fracture of Femur	10 Mo. 26 days
	(c) DUE TO General Debility	5 Yrs. 20 days

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Acc.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Middletown, nr. (COUNTY) Fred. (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 8-14-51 m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? Fell and fractured hip.

22. I hereby certify that I attended the deceased from June 20, 1952, to July 10, 1952, that I last saw the deceased alive on July 9, 1952, and that death occurred at 1.00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Hubert Mode M. D. Boonsboro, Md. 7/11/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF July 13, 1952
NAME OF CEMETERY OR CREMATORY Locust Valley Cemetery
LOCATION (City, town, or county) (State) Near Burkittsville Fred. Co. Md.
DATE REC'D BY LOCAL REGISTRAR July 12 1952
REGISTRAR'S SIGNATURE John H. Bear
24. FUNERAL DIRECTOR ADDRESS Chas. J. Bast & Sons Boonsboro Md.

RECEIVED
JUL 16 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospt.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE PA. COUNTY Franklin
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chambersburg
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Mary C. Slichter

4. DATE OF DEATH: (Month) (Day) (Year) July 28 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Aug. 21-1869
9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Franklin Co., Pa.
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Solomon S. Oyer
14. MOTHER'S MAIDEN NAME: Elizabeth Hoover

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: R. Barbour- Chambersburg, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4221

Immediate cause (a) Arterio sclerotic cardio vascular disease with myocardial failure

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) DUE TO (c)

Interval Between Onset And Death: 10 yrs +

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: None

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2 June, 1952, to 28 July, 1952, that I last saw the deceased alive on 27 July, 1952, and that death occurred at 810 A, from the causes and on the date stated above.

SIGNATURE F. F. Lusby (Degree or title) NMD ADDRESS 230 N Potoma DATE SIGNED 28 Jul. 52

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF July 31-52 NAME OF CEMETERY OR CREMATORY Salem Cemetery LOCATION (City, town, or county) (State) Franklin Co., Pa.

DATE REC'D BY LOCAL REGISTRAR July 30, 1952 REGISTRAR'S SIGNATURE Chas H Boevers

24. FUNERAL DIRECTOR Kraiss Funeral Home- Hagerstown, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A18

RECEIVED
AUG 1 1952
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 415 8-51

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport md RFD#1
LENGTH OF STAY (in this place,
HOSPITAL OR INSTITUTION OR STREET ADDRESS Near Bower Ave. Williamsport md. R.F.D #1

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport md. RFD #1
STREET ADDRESS (If rural, give location) Near Bower Ave. Williamsport md. R. F. D #1

3. NAME OF DECEASED: (Type or Print) (First) Pearl (Middle) S (Last) Spielman

4. DATE OF DEATH: (Month) July (Day) 24 (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Nov. 20 1884

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months 8 Days 3 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Smith

14. MOTHER'S MAIDEN NAME: Mollie Long

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO: None

17. INFORMANT & ADDRESS: Mr. Earl Spielman Near Bower Ave. RFD#1 Williamsport md RFD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 420.0

Immediate cause (a) Arteriosclerotic Heart Disease with — INTERVAL BETWEEN ONSET AND DEATH

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — DUE TO (b) Chronic Coronary Artery Insufficiency — 4 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 12 yrs

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-3, 19 46, to 7-24, 19 52, that I last saw the deceased alive on 12-10, 19 51, and that death occurred at 4:30 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Dalton M Welty M.D. Hagerstown Md. 7-25-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF July 27 1952 — NAME OF CEMETERY OR CREMATORY Manor Cemetery — LOCATION (City, town, or county) (State) Near Highmanton Md.

DATE REC'D BY LOCAL REG. July 25 1952 — REGISTRAR'S SIGNATURE Elizabeth Bowers

24. FUNERAL DIRECTOR Edith V. Leaf — ADDRESS Williamsport md.

RECEIVED
JUL 28 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE 18

CERTIFICATE OF DEATH

Dr. Wells

Reg. Dist. No. 502

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

1. PLACE OF DEATH:

COUNTY Washington — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown

LENGTH OF STAY (in this place): 14 weeks

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Washington

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown

STREET ADDRESS (If rural, give location): 137 North Ave

3. NAME OF DECEASED: (Type or Print) (First) VADA (Middle) MYRTLE (Last) SUMMERS

4. DATE OF DEATH: (Month) (Day) (Year) July 12 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Fenale	White	Single	Feby 1 1887	65 yrs		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Seamstress	Drapery Dept	Harmaoy Fred. Co. Md.	USA

13. FATHER'S NAME: Joshua Summers

14. MOTHER'S MAIDEN NAME: Mary Leatherman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	--	214-09-1503	John C.L. Summers 38 East Ave Hagerstown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	
1714 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Spontaneous fractures to left femur

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
4/7/45	Radical breast operation for malignancy	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
No				

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 19..... 19....., to July 12., 1952, that I last saw the deceased alive on July 12., 1952, and that death occurred at 10:30 P. M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) S. Wells M D, ADDRESS 115 N. Potomac St. Hagerstown, Md. DATE SIGNED 7/14/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-15-52	Reformed cemetery	Midd;etown Fred. Co. Md

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 15, 1952	Letha H Bowers	Andrew K. Coffman	Hagerstown Md.

RECEIVED
JUL 17 1962
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Dr. Lusby

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
MARYLAND LENGTH OF STAY (in this place) 42 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1926 Virginia Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Washington
STATE Laryland
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 1926 Virginia Ave

3. NAME OF DECEASED: (First) HARRY (Middle) ELDER (Last) THOMAS
4. DATE OF DEATH: (Month) July (Day) 25 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower
8. DATE OF BIRTH: July 20 1877
9. AGE Last birthday: 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Hide Splitter
10b. KIND OF BUSINESS OR INDUSTRY. Hag. Shoe Co.
11. BIRTHPLACE (State or foreign country). Hagerstown Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Thomas
14. MOTHER'S MAIDEN NAME: Mary A.N. McDade

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ----
16. SOCIAL SECURITY NO.: 214-09-5128A
17. INFORMANT & ADDRESS: Murray Thomas 303 Reynolds Ave Hagerstown Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arterio sclerotic Heart Disease
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
DUE TO
(c)

Interval Between Onset And Death: 10 yrs +

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NH

19a. DATE OF OPERATION: NH
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) NH
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1946, to 25 July, 1952, that I last saw the deceased alive on 21 July, 1952, and that death occurred at 10 15 A.M. from the causes and on the date stated above.
SIGNATURE (Degree or title) F F Lusby MD
ADDRESS 230 N Potomac
DATE SIGNED 26 July 52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7-27-52
NAME OF CEMETERY OR CREMATORY Post Haven cemetery
LOCATION (City, town, or county) (State) Hagerstown Md.
DATE REC'D BY LOCAL REGISTRAR July 27, 1952
REGISTRAR'S SIGNATURE Blue H Bowers
24. FUNERAL DIRECTOR Andrew K. Coffman
ADDRESS Hagerstown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 15 T

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Dr Binford

CERTIFICATE OF DEATH

Reg. Dist. No. 02

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; MARYLAND; LENGTH OF STAY (In this place) 54 Yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 535 West Wilson Blvd

2. USUAL RESIDENCE (HOME) OF DECEASED: Washington; STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; STREET ADDRESS (If rural give location) 535 West Wilson Blvd

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) ELIZABETH (Last) TRITCH

4. DATE OF DEATH: (Month) July (Day) 26 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Oct 15 1875

9. AGE last birthday: IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.; 76 yrs.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Luray Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry C. Brewer

14. MOTHER'S MAIDEN NAME: Lesla McCulloh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No; (If Yes, give war or dates of service) ---

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: F. Allen Tritch Hagerstown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

32 X

Immediate cause (a) Cerebral Thrombosis — Interval Between Onset And Death: 21 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Generalized arteriosclerosis — years

DUE TO

(c) — 1 yr.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [ ] No [X]

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-30, 1952, to 7-26, 1952, that I last saw the deceased alive on 7-25, 1952, and that death occurred at 10:40 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Richard T. Binford M.D. ADDRESS Hagerstown, Md DATE SIGNED 7-28-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 7/29/52; NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery; LOCATION City, town or county (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR 7-28-52; REGISTRAR'S SIGNATURE Chas W. Barnes

24. FUNERAL DIRECTOR ADDRESS Andrew K Coffman Hagerstown Md.

VS A-1

RECEIVED
JUL 30 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown, Maryland — LENGTH OF STAY (In this place): 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Williamsport Md.
STREET ADDRESS (If rural, give location): 30 W. Salisbury Street

3. NAME OF DECEASED (Type or Print): (First) Lillian (Middle) Bell (Last) Unseld
4. DATE OF DEATH (Month) July (Day) 11 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: July 26 ~~1878~~ 1876
9. AGE last birthday: 75 yrs. — If under 1 year: Months 11, Days 14 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ~~Housewife~~
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Shepherdstown ~~Md.~~ W Va
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Melester
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Miss Patsy Ricketts 30 W. Salisbury St. ~~Williamsport, Md.~~

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval between onset and death: 7 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio Sclerosis (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 4, 1952, to July 10 1952 that I last saw the deceased alive on July 10, 1952, and that death occurred at 7.15 P. m., from the causes and on the date stated above.

SIGNATURE: H. H. Cummings (Degree or title) M.D. ADDRESS: Williamsport Md. DATE SIGNED: 7/12/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: July 13 1952
NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery
LOCATION (City, town, or county) (State): Shepherdstown W. Va.

DATE REC'D BY LOCAL REG.: July 12 1952
REGISTRAR'S SIGNATURE: Edith V. Leaf Flowers
24. FUNERAL DIRECTOR: Edith V. Leaf Williamsport Md. ADDRESS

VS: A15

RECEIVED
JUL 15 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown. LENGTH OF STAY (in this place) 30 Days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hancock Md
STREET ADDRESS (If rural, give location) R.F.D 2. Hancock Md.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Raymond (Last) Vantz.
4. DATE OF DEATH: (Month) 7. (Day) 14. (Year) 1952

5. SEX: Male.
6. COLOR OR RACE: White.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single.
8. DATE OF BIRTH: Nov. 19. 1881.
9. AGE last birthday: 71. yrs. If under 1 year: Months 9 Days 26. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor.
10b. KIND OF BUSINESS OR INDUSTRY: County Roads.
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Vantz.
14. MOTHER'S MAIDEN NAME: Mary E. Shives.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) No.
16. SOCIAL SECURITY NO. 220-04-7393
17. INFORMANT AND ADDRESS: Mr James Vantz. Hancock Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Infarct	3 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis, generalized	unknown
	(c) Hypertensive Heart Disease	unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 6-18-52
19b. MAJOR FINDINGS OF OPERATION: Arteriosclerotic gangrne, left lower extremity
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 3, 1952, to July 14 1952, that I last saw the deceased alive on July 13, 1952 and that death occurred at 2:45 a. m., from the causes and on the date stated above.

SIGNATURE Archie Robertson (Degree or title) M. D ADDRESS Clear Spring, Maryland DATE SIGNED July 15, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial.
DATE THEREOF: 7.16.52.
NAME OF CEMETERY OR CREMATORY: St Peters Catholic.
LOCATION (City, town, or county) (State): Hancock, Washington Md.

DATE REC'D BY LOCAL REG. July 16 1952
REGISTRAR'S SIGNATURE Frank Bittner
24. FUNERAL DIRECTOR: Howard F. Hose
ADDRESS Hancock Md

VS: A15

RECEIVED
JUL 17 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 3c c

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is very important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY WASHINGTON MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SHARPSBURG — LENGTH OF STAY (in this place) D.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL SHARPSBURG
HOSPITAL OR INSTITUTION OR STREET ADDRESS TAYLORS LANDING SHARPSBURG RT. #1	STREET ADDRESS TAYLORS LANDING (If rural, give location)

3. NAME OF DECEASED (Type or Print)	4. DATE OF DEATH	5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
DAISY (First) ELLEN (Middle) WAGNER (Last)	JULY 1[illegible] 19 52	FEMALE	WHITE	WIDOWED	2/9/1883	69 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	HOME	MARYLAND	U.S.A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
BENJAMIN F. NEWCOMER	BARBARA ADLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO (If yes, give war or dates of service)	NONE	MR. C. MAX WAGNER HAGERSTOWN, MD.

18. MEDICAL CERTIFICATION

		Interval Between Onset and Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Hypostatic pneumonia - Arteriosclerotic Heart Disease	5 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) Arteriosclerosis - generalized & Aortic	10 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Chronic Asthmatic Bronchitis	20 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan, 19 47 to July 15, 19 52 that I last saw the deceased alive on July 15, 19 52 and that death occurred at 5 30 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Luther W. Welty	M.D.	Hagerstown, Md.	7.16.52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	7/17/52	Rose Hill Cem.	Hagerstown	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 16 1952	[signature]	W. J. Monkert	Hagerstown, Md.

RECEIVED
AUG 1 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Garlock Conv. Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 238 East Antietam Street

3. NAME OF DECEASED: (Type or Print) (First) Gertrude (Middle) S. (Last) Wagner

4. DATE OF DEATH: (Month) July (Day) 13 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 8-23-1877
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months 10 Days 20 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William R. Spessard
14. MOTHER'S MAIDEN NAME: Susan Ann Middlekauff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT & ADDRESS: Mrs. John Hartle, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 2 mp
DUE TO
Antecedent cause(s) (b) Hypertension Cardio-Vascular 5 yrs.
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c) Disease.

442X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1951, to July, 1952, that I last saw the deceased alive on July 1, 1952, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
[signature] Beatty M.D. Hagerstown Md. July 15/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 7-16-1952
NAME OF CEMETERY OR CREMATORY Rose Hill Mausoleum
LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REG. July 15 1952
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR ADDRESS C. M. Suter & Sons, Hagerstown, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-15 8-51

Dr Ralph Bradbury

RECEIVED
JUL 17 1962
BUREAU V.A.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8 51

1. PLACE OF DEATH:

COUNTY Washington — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown

LENGTH OF STAY (in this place) 2 mos.

HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Washington

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown (Rural)

STREET ADDRESS (If rural, give location) Hagerstown, R.F.D. #2 Cavetown Pike

3. NAME OF DECEASED: (Type or Print) (First) Dorothy (Middle) Anne (Last) Walker

4. DATE OF DEATH: (Month) July (Day) 1 (Year) 19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Single	5-3-1952	yrs	1	28		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Francis VanderVeer Walker

14. MOTHER'S MAIDEN NAME: Margaret Leary

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): NONE

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: F. V. Walker, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Bronchopneumonia terminal	4 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Hydrocephalus	2 mos.
	DUE TO (c) Spina Bifida.	2 mos

II OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/3 19 52 to 7/1/52 19 52, that I last saw the deceased alive on July 2 19 52, and that death occurred at 3:20 p.m., from the causes and on the date stated above.

SIGNATURE (DECREE OR TITLE) ADDRESS DATE SIGNED

Dr. Carroll Ware M.D. 214 N. Potomac St. Hagerstown Md. 7/3/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 7-5-1952

NAME OF CEMETERY OR CREMATORY Bridge Street Cemetery

LOCATION (City, town, or county) (State) West Newbury, Mass.

DATE RECD BY LOCAL REGISTRAR July 2 1952

REGISTRAR'S SIGNATURE Charlotte Howard

24. FUNERAL DIRECTOR ADDRESS C. M. Suter & Sons, Hagerstown, Md.

20-227406

RECEIVED
JUL 7 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 20 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 418 Mitchell Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural, give location) 418 Mitchell Street

3. NAME OF DECEASED: (Type or Print) (First) Emma (Middle) Elizabeth (Last) Wallech

4. DATE OF DEATH: (Month) July (Day) 7 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 12-4-1880

9. AGE last birthday. 71 yrs. IF UNDER 1 YEAR: Months 7 Days 3 IF UNDER 24 HRS: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ft. Loudon, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Adam Deck

14. MOTHER'S MAIDEN NAME: Margaret E. Cordell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: Mrs. Bessie Goetz, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1/2 hr.

4210 DUE TO

Antecedent cause(s) (b) Arteriosclerotic + Hypertensive Heart Disease — Years

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug., 1946, to July, 1952, that I last saw the deceased alive on 3/14, 1952, and that death occurred at 6.30 A.m., from the causes and on the date stated above.

SIGNATURE Philip J. Kirkleman (DEGREE OR TITLE) MD ADDRESS Hagerstown Md DATE SIGNED 7/7/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 7-10-1952

NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery

LOCATION (City, town, or county) (State) Greencastle, Pa.

DATE REC'D BY LOCAL REG. July 9, 1952

REGISTRAR'S SIGNATURE Chas H. Bowers

24. FUNERAL DIRECTOR C. A. Suter & Sons, Hagerstown, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-115 8-51

RECEIVED
11
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

COUNTY: Washington — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown

LENGTH OF STAY (in this place): 20 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland COUNTY: Washington

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown

STREET ADDRESS (If rural, give location): 418 Mitchell Street

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH: (Month) (Day) (Year)	5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday: IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS Hours / Min.
Henry Chester Wallech	July 21 19 52	Male	White	Widower	12-5-1880	71 yrs. 7 16

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Poultry Dealer	Own Business	Greencastle, Pa.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Joseph Wallech	Elizabeth Barnes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
NO	219 20 4303	J. C. Wallech, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) DUE TO: Hypertensive Cardiovascular Disease — Interval between onset and death: 2 —

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) DUE TO: —

(c) —

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month, Day, Year, Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY Ooccur?

22. I hereby certify that I attended the deceased from July 1, 1952, to July 21, 1952, that I last saw the deceased alive on July 20, 1952, and that death occurred at 1:20 P.M. from the causes and on the date stated above.

SIGNATURE: Vida D. Miller — (DEGREE OR TITLE) — ADDRESS: Hagerstown Md — DATE SIGNED: 7/22/52

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-24-1952	Cedar Hill	Greencastle, Pa.

DATE REC'D BY LOCAL REG.: July 23 1952 — REGISTRAR'S SIGNATURE: Lelah H. Bowers

24. FUNERAL DIRECTOR: C. L. Suter & Sons — ADDRESS: Hagerstown, Maryland

VS. A15 8-51

RECEIVED
JUL 25 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clear Spring
STREET ADDRESS (If rural, give location) Mill Street

3. NAME OF DECEASED: (Type or Print) (First) Laura (Middle) Belle (Last) Widmyer
4. DATE OF DEATH: (Month) (Day) (Year) July 17-52 19

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Jan. 1, 1877
9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Duties
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Indian Springs, Md.
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Jacob Tedrick
14. MOTHER'S MAIDEN NAME: Anna Elizabeth Tice

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: G. Wesley Widmyer- Husband Clear Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 8 days

331X

DUE TO

Antecedent cause(s) (b) Arterio Sclerosis — 5 yrs.

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 9, 1952, to July 17, 1952, that I last saw the deceased alive on July 17, 1952 and that death occurred at 3.05 a.m., from the causes and on the date stated above.

SIGNATURE David R. Brewer (DEGREE OR TITLE) M.D. ADDRESS Clear Spring Md DATE SIGNED 7/18/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF July 19-52
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Clear Spring, Md.

DATE REC'D BY LOCAL REG. July 18, 1952
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR Adrian L. Rowland ADDRESS Clear Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
JUL 21 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Dr Lusby Reg. Dist. No. 3031

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Washi ngton — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Hagerstown
LENGTH OF STAY (in this place) 6 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown R # 6
STREET ADDRESS (If rural, give location) Woodpoint

3. NAME OF DECEASED: (Type or Print) (First) BENJAMIN (Middle) FRANKLIN (Last) WYAND

4. DATE OF DEATH: (Month) (Day) (Year) July 3 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 hrs. Hours	Min.
Male	White	Married	Sept 21 1874	77 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Farm- Owner	Retired	Sharpsburg Wash. co. Md.	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
J oshua Wyand	Emma Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No...		None	Franklin Wyand Hagerstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422 /
Immediate cause (a) Asteno sclerotic Cardio vascular disease — 10 yrs +
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death NM

19a. DATE OF OPERATION: NM — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) N — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 15, 19 52, to July 3, 19 52, that I last saw the deceased alive on July 2, 19 52, and that death occurred at 5 10 A m., from the causes and on the date stated above.

SIGNATURE F F Lusby — (DEGREE OR TITLE) MD — ADDRESS 230 W Potomac — DATE SIGNED 7-3-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-5-52	Mt View Cemetery	Sharpsburg Wash. Co. Md

DATE RECD BY LOCAL REGISTRAR July 5, 1952 — REGISTRAR'S SIGNATURE Elizabeth Bowers

24. FUNERAL DIRECTOR — ADDRESS: Andrew K. Coffman Hagerstown Md.

VS-15 8-51

RECEIVED
JUL 8 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 07325

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 32 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1024 The Terrace

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 1024 The Terrace

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Howard (Last) Yeager

4. DATE OF DEATH: (Month) July (Day) 19 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 26, 1881

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR Months 9 Days 23 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Medical Doctor

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Northumberland Co. Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Simon Swink Yeager

14. MOTHER'S MAIDEN NAME: Mahala Jane Adams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W. W. #1

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: Mrs. W. Howard Yeager, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: Minutes

420.0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b) Arteriosclerotic heart disease — 15 years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1951, to July 19, 1952, that I last saw the deceased alive on July 17, 1952, and that death occurred at 2 P.m., from the causes and on the date stated above.

SIGNATURE R. G. Stauffer (DEGREE OR TITLE) M.D. ADDRESS Hagerstown Md DATE SIGNED July 21, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 7-22-1952

NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery

LOCATION (City, town, or county) Hagerstown, Maryland (State)

DATE REC'D BY LOCAL REG. July 21, 1952

REGISTRAR'S SIGNATURE Chas H. Bowers

24. FUNERAL DIRECTOR C. M. Suter & Sons, Hagerstown, Maryland ADDRESS

VS. A15 8-5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Br. Ralph Stauffer

RECEIVED
JUL 23 1952
BUREAU V. S.

07928

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) Not Known ✓

3. NAME OF DECEASED (Type or Print) (First) Martha (Middle) Iona (Last) Zill
4. DATE OF DEATH (Month) July (Day) 26 (Year) 19 5

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 11-26-1925
9. AGE last birthday 26 yrs. If under 1 year Months 0 Days 0 If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Herman C. Shewbridge
14. MOTHER'S MAIDEN NAME Johnnie Nunberger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. NONE
17. INFORMANT AND ADDRESS Mrs. Johnnie Nunberger, Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Shock

819.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Massive rupture of liver c̄ intraperitoneal hemorrhage — 6 months

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) R # 40 (CITY OR TOWN) Hagerstown (COUNTY) Washington (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 7-26-52 11:10 P m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Auto accident 3 mi West of Hagerstown on R # 40 with fixed object

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Dr. E.W. Dutton (Degree or title) Acting Exp. Med. Examiner ADDRESS Hagerstown Md DATE SIGNED 7/27/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7-30-1952
NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery
LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REG. July 28, 1952
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR ADDRESS M. R. Etchinson & Son, Frederick, Md.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

RECEIVED
JUL 30 1952
BUREAU V. S.